	ICATION FEE DETE Effective October 1	, 40U.3 —	RECORD	- whnicatio	on or Dockel Numbe
CLA	MS AS FILED - PAF	211	& Meet	19/	201001
TOTALCLAIMS	(Column 1)		SMALL	ENTITY	46771
		(Column 2)	TYPE	EUIIIA	OTHER TH
FOR	NUMBER		RATE	FEE	OR SMALL ENT
TOTAL CHARGEABLE CLA	NUMBER FILED	NUMBER EXTR			RATE F
INDEPENDENT CLAIMS	minus 20:	: /*		003.00	OR BASIC FEE 770
MULTIPLE DEPENDENT CL	minus 3 =	1	X\$ 9=		OR . X\$18=
			X43=	1 7	OR X86=
* If the difference in column	1 is less than zero ante	L.J	+145=		1
who LiCLAIMS A	AS AMENDED - PAR	r 0" in column 2	TOTAL		PR +290=
			· OTAL	c	R TOTAL
(CLAIMS	NG HIGH	EST	3) SMALLE	NTITY OI	OTHER THAN
AFTER AMENOME	NT PREVIO	DER PRESENT		ADDI-	OWALL ENTITY
Total · 48	Minus PAID I	OR EXTRA	RATE	FEE	RATE TIONA
Independent .	- 9	5 0	· X\$ 9=		FEE
FIRST PRESENTATION OF	MULTIPLE DEPENDENT	1 0	X43=	OR	
			J	OR	X86=
			+145=	OR	+290=
(Column 1) CLAIMS	Column	2) (Column 3)	ADDIT. FEE	OR	TOTAL ADDIT, FEE
REMAINING	HIGHES			<u> </u>	DOI LEEF
Total	PAID FOR		RATE TIC	DDI- NAL	ADDI-
Ind pendent	Minus A+		F	EE	RATE TIONAL FEE
IRST PRESENTATION OF MI	Minus 444	=	X\$.9=	OR	X\$18=.
	SCHALE DEPENDENT CLA	UM.	X43=	OR	X86=
	• .		+145=	7 1	
(Column 1)			TOTAL		290=
CLAIMS REMAINING	(Column 2) HIGHEST	(Column 3)	ADDIT, FEE	OR ADI	TOTAL DIT. FEE
AMENDMENT	NUMBEA PREVIOUSLY	PRESENT	ADD		
al	PAID FOR	EXTRA	PLATE TION	ul la	ATE TIONAL
whendeut	finus	B .	FEE	1 1	ATE TIONAL FEE
IST PRESENTATION OF MULT	finus And	=	X\$ 9=	OR X	18=
	IFLE DEPENDENT CLAIM		X43=	OR X)6=
entry in column 1 is less than the a "Highest Number Previously Pald F "Highest Number Previously Pald F lighest Previously Pald F	nity in column c		+145=	7 —	<u> </u>
entry in column 1 is less than the a 'Highest Number Previously Pald F 'Highest Number Previously Pald Fo lighest Number Previously Pald Fo	or IN THIS SPACE IS less that	lumn 3;	TOTAL	OR +28	10=
righest Number Previously Paid F lighest Number Previously Paid Fo 175 (Rev. 1003)	(Total or Independent) is the	u 3' euter .3'. Vi	DOIT FEE	OR ADDIT	OTAL
		BARRIEDONET PRAIRIE.		,— VII.	1 L C L